

112TH CONGRESS
1ST SESSION

S. 392

To support and encourage the health and well-being of elementary school and secondary school students by enhancing school physical education and health education.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 17, 2011

Mr. UDALL of New Mexico (for himself and Mr. BINGAMAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To support and encourage the health and well-being of elementary school and secondary school students by enhancing school physical education and health education.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Promoting Health as
5 Youth Skills In Classrooms And Life Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Childhood obesity has reached epidemic pro-
9 portions in the United States.

1 (2) Researchers estimate that the medical costs
2 of the obesity epidemic in the United States may
3 total \$270,000,000,000 annually.

4 (3) More than one-third of children and adoles-
5 cents are estimated to be overweight or obese.

6 (4) Of all United States deaths from major
7 chronic disease, 23 percent are linked to sedentary
8 lifestyles that now begin at childhood.

9 (5) Overweight adolescents have a 70- to 80-
10 percent chance of becoming overweight adults, in-
11 creasing their risk for chronic disease, disability, and
12 death.

13 (6) Studies show that children born today, for
14 the first time in 2 centuries, have a shorter life ex-
15 pectancy than their parents.

16 (7) According to the Centers for Disease Con-
17 trol and Prevention in 2006—

18 (A) 1 in 5 students in grades 9–12 seri-
19 ously considers suicide;

20 (B) 1 in 3 12th graders, 1 in 4 10th grad-
21 ers, and 1 in 10 8th graders binge drink; and

22 (C) 1 in 10 children suffer mental illness
23 causing some level of impairment.

24 (8) Studies show that—

1 (A) students who receive social-psycho-
2 logical support and prevention have improved
3 academic achievement;

4 (B) instruction in personal and social skills
5 improves decisionmaking and reduces risky
6 health behaviors; and

7 (C) comprehensive programs linking rig-
8 orous instruction with health, education, social
9 services, and health services in schools can re-
10 duce absenteeism.

11 (9) The American Association for Health Edu-
12 cation recommends that students receive a minimum
13 of 50 hours of health education per year in order to
14 ensure health literacy.

15 (10) According to the Centers for Disease Con-
16 trol and Prevention, only 6.4 percent of elementary
17 schools, 20.6 percent of middle schools, and 35.8
18 percent of high schools require health instruction in
19 all 14 recommended health topics and only 3.8 per-
20 cent of elementary schools, 7.8 percent of middle
21 schools, and 2.1 percent of high schools provide daily
22 physical education or its equivalent.

23 (11) The Institute of Medicine in 2004 reported
24 that enhanced school health education programs are
25 essential to developing a health literate society in the

1 United States as the Nation faces increasing health
2 care challenges.

3 (12) According to the Centers for Disease Con-
4 trol and Prevention, studies suggest that physical
5 activity can impact cognitive skills and attitudes,
6 and important components of improved academic
7 performance, including enhanced concentration and
8 attention as well as improved classroom behavior.

9 (13) The White House Task Force on Child-
10 hood Obesity Report recommends increasing the
11 quality and frequency of sequential, age, and devel-
12 opmentally appropriate physical education for all
13 students, taught by certified physical education
14 teachers.

15 (14) The National Association for Sport and
16 Physical Education recommends that elementary
17 school students receive 150 minutes per week of
18 physical education and that middle school and high
19 school students receive 225 minutes per week of
20 physical education.

21 (15) The American school system is already sit-
22 uated to reach 50,000,000 children and youth to
23 provide the health and physical education they need
24 and a place for them to engage in these behaviors,

1 such as nutritious eating and participating in phys-
2 ical activity.

3 (16) Military readiness is vulnerable, as almost
4 30 percent of 17–24 year olds are too overweight to
5 serve in the U.S. military.

6 (17) Physical education and health education
7 are critical to combating these harmful trends and
8 are key components to educating the whole child.

9 **SEC. 3. OFFICE OF SAFE AND HEALTHY STUDENTS.**

10 Title II of the Department of Education Organization
11 Act (20 U.S.C. 3411 et seq.) is amended by adding at
12 the end the following:

13 **“SEC. 221. OFFICE OF SAFE AND HEALTHY STUDENTS.**

14 “(a) OFFICE OF SAFE AND HEALTHY STUDENTS.—
15 There shall be an Office of Safe and Healthy Students
16 (referred to in this section as the ‘Office’) in the Depart-
17 ment of Education to advise the Secretary on Depart-
18 mental matters related to health education, physical edu-
19 cation, and providing a safe and supportive school climate
20 for students’ learning, including promoting the acquisition
21 of knowledge and skills needed to be healthy, productive
22 citizens. The Office shall assume the responsibilities of the
23 Office of Safe and Drug-Free Schools and expand such
24 responsibilities and oversight for broader health and phys-
25 ical education issues.

1 “(b) DIRECTOR.—

2 “(1) APPOINTMENT AND REPORTING.—The Of-
3 fice shall be under the direction of a Director, who
4 shall be appointed by the Secretary and who shall
5 report directly to the Deputy Secretary.

6 “(2) DUTIES.—The Director shall—

7 “(A) promote health education activities
8 designed to prevent, protect, and remediate the
9 health and safety of students, including nutri-
10 tion, health literacy, mental health, bullying,
11 physical activity, and drug and alcohol abuse;

12 “(B) promote physical education in ele-
13 mentary schools and secondary schools;

14 “(C) coordinate such activities within the
15 Department of Education and with other agen-
16 cies and organizations sharing a similar mis-
17 sion, including the Department of Health and
18 Human Services, the Department of Agri-
19 culture, and the Department of Justice;

20 “(D) administer, coordinate, and rec-
21 ommend policy for improving quality and excel-
22 lence of programs and activities that are de-
23 signed to—

24 “(i) provide financial assistance for
25 activities that promote the health, safety,

1 and well-being of students in elementary
2 schools, secondary schools, and institutions
3 of higher education, that are carried out by
4 State educational agencies, local edu-
5 cational agencies, tribal schools, and public
6 or private nonprofit organizations;

7 “(ii) participate in the formulation
8 and development of education program pol-
9 icy and legislative proposals and in overall
10 Department policies related to health and
11 safety promotion in schools;

12 “(iii) participate in interagency com-
13 mittees, groups, and partnerships related
14 to health and safety promotion, that in-
15 cludes drug and violence prevention (in-
16 cluding bullying prevention), coordinating
17 with other Federal agencies on issues re-
18 lated to comprehensive school health and
19 physical education, and advising the Sec-
20 retary on the formulation of comprehensive
21 policies related to school health and phys-
22 ical education;

23 “(iv) participate with other Federal
24 agencies in the development of a national
25 research agenda for health, physical activ-

1 ity, and safety promotion, prevention and
2 reduction of risky health behaviors, and
3 positive youth development, and serve as a
4 clearinghouse for research data docu-
5 menting the connection between student
6 health, safety, and academic performance,
7 attendance and future job success;

8 “(v) serve a coordinating function
9 within the Department to identify all pro-
10 grams that address any aspect of student
11 health and safety promotion within schools
12 and ensure that the programs work in a
13 coordinated manner;

14 “(vi) analyze data to assess progress
15 and achievement of relevant national
16 health objectives for the Nation; and

17 “(vii) serve as a clearinghouse for
18 local educational agencies and schools
19 needing technical assistance in addressing
20 student health and safety issues; and

21 “(E) submit a biennial report to Congress
22 regarding—

23 “(i) the expansion of—

24 “(I) physical education, health
25 education and school health programs,

1 and the improvement of student
2 knowledge, skills, and behavior; and

3 “(II) teachers and others pre-
4 pared to provide such programs and
5 services; and

6 “(ii) the integration of physical activ-
7 ity and health programs throughout the
8 school day, including before and after
9 school and in the community.”.

10 **SEC. 4. HEALTH EDUCATION AND PHYSICAL EDUCATION.**

11 (a) DEFINITIONS.—Section 9101(11) of the Elemen-
12 tary and Secondary Education Act of 1965 (20 U.S.C.
13 7801(11)) is amended by striking “and geography” and
14 inserting “geography, physical education, and health edu-
15 cation”.

16 (b) ASSESSMENTS.—Section 1111(b)(3) of the Ele-
17 mentary and Secondary Education Act of 1965 (20 U.S.C.
18 6311(b)(3)) is amended by adding at the end the fol-
19 lowing:

20 “(E) ASSESSMENTS FOR HEALTH EDU-
21 CATION AND PHYSICAL EDUCATION.—Notwith-
22 standing any other provision of this Act, each
23 State shall determine the most feasible measure
24 for assessing students in health education and
25 physical education, including the use of adapt-

1 ive assessments, to measure student knowledge
 2 and performance according to State standards
 3 and benchmarks.”.

4 **SEC. 5. HEALTH EDUCATION GRANT PROGRAM.**

5 (a) IN GENERAL.—Title IV of the Elementary and
 6 Secondary Education Act of 1965 (20 U.S.C. 7101 et
 7 seq.) is amended by adding at the end the following:

8 **“PART D—HEALTH EDUCATION**

9 **“SEC. 4401. HEALTH EDUCATION PROGRAMS.**

10 “(a) PURPOSE.—It is the purpose of this section to
 11 award grants and contracts to initiate, expand, and im-
 12 prove health education programs for all kindergarten
 13 through 12th-grade students.

14 “(b) ESTABLISHMENT.—The Secretary is authorized
 15 to award grants to, and enter into contracts with, local
 16 educational agencies, including tribal schools and tribal
 17 school education agencies, community-based organiza-
 18 tions, and nonprofit organizations to initiate, expand, and
 19 improve health education programs for kindergarten
 20 through grade 12 students, especially in rural areas, by—

21 “(1) providing resources and support to enable
 22 students to develop health literacy and skills to live
 23 more healthfully;

24 “(2) developing or enhancing health education
 25 curricula to meet national goals for health education

1 developed by the Secretary in consultation with the
2 Director of the Centers for Disease Control and Pre-
3 vention;

4 “(3) providing funds for technology, curriculum,
5 related materials, and training, including on-line
6 learning; and

7 “(4) providing funds for professional develop-
8 ment for teachers, school nurses, wellness coordina-
9 tors, and other personnel involved in student health.

10 “(c) APPLICATION.—

11 “(1) SUBMISSION.—Each local educational
12 agency, community-based organization, or nonprofit
13 organization desiring a grant or contract under this
14 section shall submit to the Secretary an application
15 that contains a plan to initiate, expand, or improve
16 health education programs in order to make
17 progress toward meeting State or national standards
18 for health education.

19 “(2) PROPORTIONALITY.—To the extent prac-
20 ticable, the Secretary shall ensure that grants
21 awarded under this section shall be equitably distrib-
22 uted among local educational agencies, community-
23 based organizations, and nonprofit organizations
24 serving urban and rural areas.

1 “(d) PROGRAM ELEMENTS.—A health education pro-
2 gram funded under this section may provide for 1 or more
3 of the following:

4 “(1) Curriculum development activities designed
5 to enhance school curricula efforts.

6 “(2) Instruction in health designed to enhance
7 the physical, mental, and social or emotional devel-
8 opment of every student.

9 “(3) Development of personal and life skills de-
10 signed to reduce risky behaviors.

11 “(4) Opportunities to develop decisionmaking
12 and problem solving skills.

13 “(5) Instruction in healthy eating habits and
14 good nutrition.

15 “(6) Opportunities for professional development
16 for teachers of health education to stay current with
17 the latest research, issues, and trends in the field of
18 health education.

19 “(7) Opportunities to assess school health cur-
20 riculum needs and priorities and to assess students’
21 progress in meeting health education standards.

22 “(e) REQUIREMENTS.—

23 “(1) ANNUAL REPORT TO THE SECRETARY.—In
24 order to continue receiving funding after the first
25 year of a multi-year grant or contract under this

1 section, the administrator of the grant or contract
 2 for the local educational agency, community-based
 3 organization, or nonprofit organization shall submit
 4 to the Secretary an annual report that—

5 “(A) describes the activities conducted dur-
 6 ing the preceding year; and

7 “(B) demonstrates progress and achieve-
 8 ments made toward meeting State or national
 9 standards for health education.

10 “(2) ADMINISTRATIVE EXPENSES.—Not more
 11 than 5 percent of the grant funds made available to
 12 a local educational agency, community-based organi-
 13 zation, or nonprofit organization under this section
 14 for any fiscal year may be used for administrative
 15 expenses.

16 “(f) SUPPLEMENT, NOT SUPPLANT.—Funds made
 17 available under this section shall be used to supplement,
 18 and not supplant, any other Federal, State, or local funds
 19 available for health education activities.”.

20 (b) TABLE OF CONTENTS.—The table of contents in
 21 section 2 of the Elementary and Secondary Education Act
 22 of 1965 is amended by inserting after the item relating
 23 to section 4304 the following:

“PART D—HEALTH EDUCATION

“Sec. 4401. Health Education Programs.”.

1 **SEC. 6. CAROL M. WHITE PHYSICAL EDUCATION PROGRAM.**

2 (a) IN GENERAL.—The Carol M. White Physical
3 Education Program (20 U.S.C. 7261 et seq.) is amended
4 by adding at the end the following:

5 **“SEC. 5508. AUTHORIZATION OF APPROPRIATIONS.**

6 “There are authorized to be appropriated to carry out
7 this subpart such sums as may be necessary for fiscal year
8 2012 and each of the 4 succeeding fiscal years.”.

9 (b) TABLE OF CONTENTS.—The table of contents in
10 section 2 of the Elementary and Secondary Education Act
11 of 1965 is amended by inserting after the item relating
12 to section 5507 the following:

“Sec. 5508. Authorization of appropriations.”.

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